## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # J76476

1. Entity Name GEORGE L. PATTERSON CONSULTING, INC.



Principal Place of Business

7981 10TH AVE. SOUTH ST. PETERSBURG, FL 33707

Mailing Address

% GEORGE L. PATTERSON, SR. P.O. BOX 47025

ST. PETERSBURG, FL 33743

**FILED** Jan 16, 2004 08:00 AM Secretary of State



01132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2819760 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, GEORGE L., SR. 7981 10TH AVE. SOUTH ST, PETERSBURG, FL 33707

## DO NOT WRITE

	,			11N 1	nio SPACE
8. The above the obligat	named entity submits this statement for the p ions of registered agent.	urpose of changing its registered of	tice or n	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered Age	nt signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	, <sub>□</sub>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		<u></u>	
MAME STREET ADDRESS CITY-ST-ZIP	PSTD PATTERSON, GEORGE L., SR 7981 10TH AVE. SOUTH ST. PETERSBURG, FL 33707				
RITE NAME STREET ADDRESS CITY-ST-ZIP					0000000000041 01/16/04-80020-001 150.00
TRILE NAME STREET ADDRESS ONLY-SI-ZIP				DO	NOT WRITE
THEE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CRY - ST - ZIP					
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

NAME STREET ADDRESS CITY-ST-ZIP